



Office of Governor Christopher T. Sununu  
Press Conference  
Tuesday, November 30, 2021, at 3:00 p.m.

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**Governor Sununu:**

All right. Well, good morning, everybody. Good morning in Hawaii. Okay. Wish we were all in Hawaii sometimes. Well, good morning -- good afternoon. Thanks for joining us today. A couple different things I'm going to go over before I turn it over to Dr. Chan and a Public Health update. So, we appreciate everybody's patience. There's obviously a lot going on, as it pertains to COVID, both here in New Hampshire and across the country.

Like the rest of New England and much of the country, we're seeing now, New Hampshire obviously continues to experience the winter surge that we had always predicted. And it's very severe. It's very serious, not just in terms of the number of cases, but the number of hospitalizations, the number of fatalities, the number of families that this is affecting, again mostly within the unvaccinated community, but also seeing an increase in the breakthrough cases, as well.

Over the past two weeks, New Hampshire has seen a 43% increase in hospitalizations just in the past two weeks. Massachusetts, the same, another 44% increase in hospitalizations. Vermont is up. Maine is up. Everywhere across New England is really up in their hospitalizations. And unfortunately, the fatalities typically follow that, as well.

As you remember last week, seeing that this crunch was coming in the hospitalizations with our staffing shortages that has been seen, again not just in New Hampshire or New England, but really all across the country, I issued an Executive Order that does assist these healthcare facilities across the State to address their capacity challenges, providing additional flexibilities to really deal with the emergent needs that's out there.

We have a few updates today on the implementation of that Executive Order. We talked about it, but just to put a little more detail in terms of what's actually happening, both at the State House, but also within the operational confines of those facilities, themselves.

The surge is occurring at a time where there is a shortage of Healthcare Workers. We know that, specifically in the nursing arena. Our healthcare workforce is just exhausted. I mean, they've been burnt out. They've been overworked. They've done an amazing job over the past couple years. But it's understandable to understand the strains that that entire workforce is under.

The issues impact not just hospitals, impacts long-term care facilities or community residential facilities. All of these different aspects of healthcare are really affected. It's not just one or the other. So, it makes sharing resources between facilities even that much more difficult.

Now, I will say I think the Hospital Association and hospitals, themselves, have been doing a very, very good job. They are working as a team. They join these calls almost on a daily basis as a team. They're always willing to share those resources. But, again, when it comes to the staffing shortages, that's an across-the-board issue from long-term care to acute care hospitals.

In response to the Executive Order, Commissioner Shibinette and her team at the Department did, I think, a phenomenal job. I just want to thank her and her team working really tirelessly over the last

week to figure out how to take some of the flexibilities we provided and make it a reality, an alleviation of the strain on the system actually within the four walls of the hospital.

So, some of the things that we're implementing are, again, creating internal, temporary, acute care centers within the walls of the hospitals and the Institutional Acute Care Providers that they have. So, these temporary centers can allow some more flexibility within each of the hospital locations.

Allocating ARP funds: so we do have funds. We do have a lot of flexibility with the funds that the Federal Government gave us, as it pertains to COVID, and allocating those funds to pay Provider who take in individuals while their Medicaid eligibility is pending approval.

Often, you wait for the Medicaid to get approved before they actually come into the system. But now we're actually making sure that they can take individuals into the system without the financial risk that that traditionally would bring. So obviously it speeds up the ability to get folks the care that they need.

Providing funding for rehabilitation centers to accept nursing home residents that might be waiting for a bed in a long-term care facility; so, again, allowing rehabilitation centers to take someone out of the hospital setting that might be waiting days or even weeks, potentially, for that long-term care bed to open up, again freeing up the bed where it is needed the most within the Emergency Room and the hospitals. And then, our Strike Teams: we're creating Strike Teams for long-term care staffing to increase the capacity at long-term care facilities that might have empty or unstaffed beds. And the funding that are going into these Strike Teams will be able to go not just here in Concord or Manchester, but really all across the State to supplement some of those staffing needs where they're needed the most.

When implement, you take all these different pieces and we're going to implement them as a package. It definitely will help free up some of the burden that hospitals and healthcare facilities are currently experiencing.

So critical to each requested action is the ability to move patients from the hospital. The key is within hours, not weeks or months. Even days sometimes is too much. We really need the flexibility at the State level to move very, very quickly, so that, as a bed becomes available, we're moving to it. Folks can come in and the care is there for the availability that that opens up.

In order to operationalize all of these strategies, the Department is also seeking expedited action from both the Joint Fiscal Committee and the Executive Council. I've sent a letter to both of those organizations today outlining not just the immediate actions that need to be taken, but also the need for them to move very, very quickly.

Assuming approval, the State should be able to increase the number of beds outside of the hospital to both address those seeking acute care and those waiting to leave the hospital for a nursing home level of care. Hospital and nonhospital beds, they are really only part of the equation. It's not just about the beds. It's not just about the staffing.

Prevention is obviously super critical. We talk about it all the time. We do have the tools to actually move beyond the COVID crisis. And it revolves around the vaccine. Everything is about the vaccine at this point.

Given that, Health and Human Services will increase access to vaccination and testing sites for the next several months. And we've talked a little bit about the additional testing sites that we have. I'm going to talk a little later on about the huge success of the home test kit program that opened up yesterday and was incredibly successful in just the first 24 hours.

But all of these pieces together really allow us to limit the spread of COVID-19. And just again those individual efforts, get vaccinated. Get your booster, it really does matter. This chart is very, very real. And it doesn't look like it's stopping anytime soon.

So this is the hospital number. It's going up. It's likely going to continue to go up. And no one is truly immune from it. We want to get vaccinated from it, of course. But everyone really needs to take action in terms of keeping themselves, their family, and their communities safe. With that, I'll turn it over to Public Health for some of their updates. And then, we will talk a little bit about the at-home testing and some of the other issues revolving COVID.

**Dr. Chan:**

Great, good afternoon. So, two topics for today: one is a numbers update; then I want to make some brief remarks about the new variant of concern being called the Omicron variant. First, the numbers, so we are reporting 902 new people diagnosed with COVID-19 today. Over the last week, we have continued to average between 900 to 1,000 new infections per day. And the number of people currently with active COVID-19 infection is 6,898 individuals.

Our test-positivity rate has also continued to increase over the last week. Test-positivity is currently just over 11%. And as the Governor showed on the graph, hospitalizations have continued to increase. There's 392 people currently hospitalized with COVID-19 statewide.

We are reporting 21 new deaths from COVID-19 today, bringing the total 1,796 people that have died from COVID-19 during this pandemic. Only one of these 21 new individuals are in a person -- or a resident of a long-term care facility.

While today's number for new COVID-19-related deaths is high, it's important to recognize that this number actually reflects new deaths reported to Public Health over the prolonged Thanksgiving holiday weekend. And so, these 21 deaths go back actually to Thursday of last week.

When you look at the number of COVID-19-related deaths over the last week, in the last seven days there have been a total of 37 new COVID-19 deaths reported to Public Health, averaging about five new deaths per day. So unfortunately, the number of hospitalizations continues to be high in this State. The number of deaths from COVID-19 continues to be high. And in general, we continue to see high levels of COVID-19 in our communities circulating, which highlights the need for people to get vaccinated and take steps to prevent spread of COVID-19.

A few remarks about the Omicron variant, so, as I'm sure most people are aware, a new COVID-19 variant was identified last week in the country of South Africa called the Omicron variant. And the World Health Organization, or the WHO, has moved quickly to classify this new strain as a variant of concern. This new designation is because of the large number of mutations identified in this virus strain's genome, including many mutations in the spike protein, which, for Scientists out there, will recognize the spike protein as what the vaccines are targeting to provide protection and immunity.

We have very limited data to know right now if this new variant of concern, the Omicron variant, will be more infectious, will cause more serious disease, or will be more likely to evade the immune system or increase the risk for reinfection or vaccine-breakthrough infection. But because of the number and the types of mutations that are seen with this new strain, it's predicted that the new variant of concern will be more infectious and possibly evade a person's immune defense system.

I will say that the Omicron variant has not been identified yet in New Hampshire or in the United States. But it has been identified in multiple other countries. And it's likely only a matter of time before it's identified in the U.S., in New Hampshire, and has a potential to spread further.

But while this new variant is being studied, in terms of studied for the risks for infectiousness, the risk for more serious disease, the risk for possible vaccine-breakthrough infection, it highlights the importance for everybody who is eligible to be vaccinated and to continue to take precautions to prevent the spread of COVID-19.

So to reiterate the recommendations again, everybody who is 5 years of age-or-older should get vaccinated against COVID-19. And booster doses are now recommended for everybody 18 years of age-or-older, who have completed a primary vaccination series. And that's a recommendation regardless of risk factors, regardless of underlying medical conditions, regardless of a person's risk for exposure. Everybody 18 years of age-or-older who completed a primary series is recommended to get a booster dose to have the highest and longest-lasting protecting against COVID-19. And with that, I will hand things over to the Commissioner. Thanks.

**Commissioner Shibinette:**

Good afternoon, just a brief outbreak update. Since our last press conference last week, we have closed seven of our long-term care outbreaks in New Hampshire. And we have opened four new additional outbreaks at different long-term care centers. So as of today, we have 23 active outbreaks in our long-term care settings.

Facilities continue to struggle with staffing and admissions. And some of this relates to the backlog into our hospital settings. So clearing up these outbreaks and getting additional staffing to long-term care is going to be important, and moving the needle on our hospital capacity issues. Thank you.

**Governor Sununu:**

Thank you, Commissioner. I want to talk about a couple more things, and then we will open it up for questions. As we did share last week, New Hampshire brought new testing opportunities online. In conjunction with our Federal Partners, we made approximately -- to a couple different programs -- approximately a million at-home rapid tests available to Granite Staters.

So with the demand high, since the program launched yesterday, our initial supply of tests has already been requested. And they are in the process of being delivered to homes all across New Hampshire. Hundreds of thousands, about just over 800,000 different tests are going to be delivered in the coming days from the program out of NIH, through their partners at Amazon, to make sure that they're delivered. So that was obviously very successful in that a lot of folks got online, made the requests for the tests.

We still have our Vault Program, which is about another 100,000 home tests, which is going to be coming online. A lot of those will work with schools and our Regional Public Health Networks, as well, to make sure that those programs are viable.

But the fact that we're flooding about a million tests into the State over the next couple weeks is just really awesome. It doesn't mean we're slow down on the testing capacity we currently have, by any means. But it definitely takes a lot of the pressure off that system, and I think gives people a lot of relief

just knowing that if and when someone should come down with symptoms, they can react very quickly, do it within the confines of their home, do it with speed, without having sometimes the hassles of figuring out how to get to the Doctor and all of that sort of thing. So it really is an immense opportunity, a great tool. We're the first State in the country to do this statewide. And already it is, without a doubt, a huge success.

Also want to talk a little bit about our current Booster Blitz. In addition to these expanded testing opportunities, the State is also opening up opportunities for individuals to receive their booster shot with Operation Booster Blitz. It's going to take place on Saturday, December 11th, this (sic) Saturday. Teams will be spread across the State in the following areas that you can see on the screen next to me: Berlin; Claremont; Colebrook; Concord; Hanover; Keene; Laconia; Manchester; Milford; North Conway; Plymouth; Rochester; Salem; Stratham; Woodsville.

It's pretty awesome opportunity spread out all across the State for folks to come in. I think something close to 10,000 boosters is planned for that single day, 10,000. That's a pretty aggressive day, without a doubt. And just making it available to folks hopefully where they are within their communities. Access to vaccines all across the country has been a challenge. And we want to make sure that we're opening up as many sites as possible.

Also, our partners at the Manchester VA, they'll be opening a special clinic for Veterans, including those that might not already be enrolled in the VA Health System. Even if you're not enrolled in that Health System, you, your spouse, your Veteran Caregivers can all receive vaccinations and boosters through that program. So the Manchester VA is also partnering with the State to make sure that that's available for those who have served our country.

To sign up for one of the public clinics, individuals can visit our website at [vaccines.nh.gov](https://vaccines.nh.gov) starting tomorrow morning. Folks can register appointments for up to five people just through one account. So you can easily bring along family or friends, so that everyone who is eligible can get their boosters together. And again, Operating Booster Blitz, you can register at [vaccines.nh.gov](https://vaccines.nh.gov) starting tomorrow morning. That's Wednesday morning. You can sign up for the December 11th booster program. And again, that's just for boosters. That isn't for initial vaccines. That really is just for boosters across-the-board. And I believe the site you can determine the type of boosters being given, I think, at each site. So you can go to the site, see what might be given, or you can filter it through to take advantage of whatever opportunity most fits your path.

Finally, one last update, as a lot of folks became aware through the news yesterday, New Hampshire is part of a 10-State Coalition that filed a lawsuit against the Federal Government regarding the nationwide Vaccine Mandate for Healthcare Workers. We have a couple different lawsuits going on the Mandate. This one specifically has to do with Healthcare Workers.

Yesterday, the Court did grant a Preliminary Injunction which renders the centers for Medicare and Medicaid services, it renders their Vaccine Mandate for Workers at healthcare facilities unenforceable in New Hampshire right now, until further notice. We don't know exactly what further notice is. But the good news is that that has been stayed.

The reason this Ruling is such a big deal for New Hampshire, it isn't just about winning a court case. We haven't won anything yet, frankly. It's just an Injunction. But what we have heard over the past couple weeks is nursing homes calling my office directly and letting us know that they are at-risk of closing because of this Mandate.

We want everyone to get vaccinated. Don't make any mistake about it, we want folks to make that choice. It's very important. But if the Vaccine Mandate out of the Biden Administration risks closing our



nursing homes, it is a bad idea. It is an absolute bad idea for a variety of reasons, but most importantly because you really risk losing care for loved ones and exacerbating that crunch on our healthcare system.

We're already so short-staffed with Healthcare Workers. We need every single one that we can. We're streamlining the regulatory process for licensing. We're streamlining taking care of any sort of backlogs we might have in the system, so that everyone that is willing and able, and has the skills to provide that type of care is on the frontlines.

We're not out of this. You saw that graph that we put up a little bit ago. We're not on the backside of this by any means. We still have quite a ways to go. And we really need all of our hero workforce, our Nurses, whatever it might be, being on the frontlines, whether it's in a residential facility, a nursing home, an acute care facility, a hospital, ambulatory centers, rehab centers. Everybody, really, we're trying to provide the flexibility for everyone to be part of that solution. It's very, very important and it will continue to be for some time. With that, we can open up for questions. Yeah, I'm going to start on this side, if you don't mind. Hi.

### Q&A Session

*This is a question for Dr. Chan. But are we increasing any genome sequencing to detect when the new variant reaches New Hampshire? And also, like, what is the likelihood that this variant is already circulating in New Hampshire?*

**Dr. Chan:**

So, we have not identified this new variant, the Omicron variant, in New Hampshire. And it has not been identified nationally. In fact, I heard that CDC went and looked back at some of the sequencing data they had going back through November. And there was no Omicron variant identified across the United States.

There are a number of mechanisms by which the genetic sequencing needed to identify these variances is being conducted. The first is that any specimen that tests positive in our Public Health Laboratories in New Hampshire is automatically sequenced. Now, not all specimens are coming to our Public Health Labs. Many are going to commercial labs. And so, at a national level, the CDC is also funding national commercial labs to do genetic sequencing to identify these variants.

Then, on top of that, a third mechanism is that we, as Public Health jurisdictions across the country, are actually sending specimens to the CDC where genetic sequencing is being conducted at the CDC, itself. So, three general mechanisms by which genetic sequencing is conducted: one is at our Public Health Laboratory; the other is at commercial labs across the country; and then the third is at the CDC, itself. And with all that genetic sequencing, there has been no identification of the Omicron variant yet.

Now, certainly, it's possible that in the very near future it will be brought into the United States or even into New Hampshire, which will set up the risk for further spread. But right now, I think we can confidently say that there is no widespread of this variant in New Hampshire or in the U.S. And we have not detected it yet.

*Dr. Chan, while you're up there, compared to this time last year, schools are back open. Sports are going. Kids are mingling again. Is this a big contributing factor to a spike in cases we're seeing right now or...*

**Dr. Chan:**

Yeah, so we've seen a steady increase in COVID-19 in the level of community transmission since the end of summer, even before schools started. And I think there's not any one reason that COVID-19 is increasing. I think it's a variety of factors, including the more infectious Delta variant and now we have a new variant of concern we have to watch for.

But certainly with fewer precautions or restrictions in place, communities that continue to have low vaccination status, the risk is there for spread within communities. And I think we're seeing that across the State and across the United States.

*So, do you think we need to put more restrictions in place?*

**Dr. Chan:**

So, we continue to stress the importance of prevention measures, first among them being vaccination and for people getting a booster dose. But we continue to recommend that people look to use masks when they're in indoor locations. People avoid high-risk congregate settings where there may be increased risk for spread of COVID-19; that people look to be tested.

Certainly if people have symptoms of COVID-19, testing is available throughout the State. People should be tested. And if people have a high-risk exposure, they should be tested. So there are multiple prevention strategies that people can and should continue to employ to identify infection early in themselves, or in others, and prevent spread between people. Thanks.

*Governor, we're getting a lot of incoming frustration from people who are trying to schedule their booster shot or a shot for their child, and seeing how long it's taken and how long appointments are booking out. I know you got the Booster Blitz coming. But can you explain why it's taking so long to get these shots in arms for certain people who are trying to sign up? What's calling all of these delays?*

**Governor Sununu:**

The delays are very similar to what you saw. I won't even call them delays. It's the demand is incredibly high. We have the supply. The demand is incredibly high. Similar back in -- remember, we're not talking about 500 or a couple thousand people looking for a booster right now, right? We have approximately 600,000, 700,000 people that got vaccinated. In theory, 600,000 or 700,000 people are looking to get their booster shot. So, of course the demand is going to be very high.

The fact that the school clinics are just starting up and that'll take some of the typical pressures off the system, if folks are going in to get their kids vaccinated at CVS or whatever it might be. School clinics will help with that.

But now that obviously we have kids also involved in the mix, as well as the boosters, as well seeing the breakthrough cases and the increased number of cases, given the fact that we are in winter, the winter surge is here. A lot of folks waiter, right? A lot of folks maybe thought, well, I might get the

booster a month ago, and now they're like, uh-oh, I better really get the booster. And so, it's a combination of factors that are causing a big crunch on the system.

But understand, we have well-over a half a million people to get their boosters. So it's just natural to appreciate that that can't happen overnight. And if people might have to wait three days or a week, or even a few days more, we were in -- I know we were kind of in this bit of a lull, if you will, in the summer, and a little bit into the fall. And I think now people are realizing, wait, this is a lot more serious. This new variant of concern could be serious. Maybe it is. Maybe it isn't. We don't know. But you have to take it very seriously, right? The Delta variant is much more aggressive.

Unfortunately, it's kind of what we've been saying that people sometimes, they need to see it right in front of them before they act. And so, we just want people to be as preventative as possible. We're opening up as many sites as we can. We will likely do another version of this Booster Blitz or whatever it might be. We will see where the need is and keep expanding it, keep increasing the opportunity.

But, hey, you have a half a million people. Remember, last spring, we broke everyone out into chunks: Group 1A, Group 1B, Group 2A, Group 2B. And we scheduled that way. And some people had to wait months and months for their turn to come up. Well, all those folks are now trying to get their booster kind of all at once.

So it's natural to appreciate there's probably a bit of a crunch on the system. And we appreciate people being patient. We're trying to increase access as much as we can. But, at the end of the day, there's only so many people that we have available to put shots in arms. Everyone that's available to put a shot in an arm is doing it.

*Well, except for the National Guard, right? I mean, I guess the question is: if the system isn't meeting the demand adequately at this time, and it's so important to get people those vaccines, why don't you step in to make more workforce available, i.e. the National...*

#### **Governor Sununu:**

We could, at some point, dig into the National Guard. Again, the demands on the system in terms of workforce are everything from Nurses with ICU patients in a hospital, long-term care facilities, vaccinations, the testing sites we have. So it isn't just -- the National Guard isn't this endless bottle of bodies that we can just throw out there. They gave us a lot. And frankly, the National Guard is still very much on the table to be utilized. But it's probably not just one area or the other. We talked last week about the National Guard trying to figure out how they could best be utilized in hospitals.

One of the challenges we have, the reason the Booster Blitz is a little different than what we're doing last year, a lot of people say, well, open up a giant supersite like we did last year. Very successful, our supersites.

But even in April, they're outdoors. Those supersites that are outdoors could become very difficult to manage when it's cold out. When it's warm, not a problem. But everything from the computers to keeping the vaccine from freezing, if you've been outside today, it's 20 degrees out there today. It becomes really, really hard. And every time you do one of those sites, you're drawing that Workforce Staff out of Concord Hospital or Elliot Hospital, or CMS, or whatever it might be. So you're pulling Staff away.

So the reason we're going with more of the Booster Blitz process is they're indoors. They're more accessible, right? There are more of them across the State. So we're going to keep doing more of these



Booster Blitzes. It's kind of the equivalent. I mean, it's 10,000 shots. It's kind of the equivalent. It's not easy to do, but the equivalent of one of those supersites. So we're looking to do that but at a more regional level, leaning on our Partners at Regional Public Health facilities, the Firefighters, whatever it might be, and that way it's a little more accessible, as well.

*Yeah, at least for the frustration, can you speak to that? I mean, you talk about customer service a lot in government. For people who are looking online, I think one person communicated to us they were going all over New Hampshire, various zip codes, looking for a Moderna booster. And they finally just put in a different zip code, like Albany, New York. And they couldn't get a shot in New Hampshire for another two weeks. They could get a shot in Albany, New York tomorrow.*

**Governor Sununu:**

So, two things, if you're talking about Moderna, Moderna is making it as fast as they can. We're limited. Everyone is limited in terms of what you can get from Moderna. So, every bit of Moderna vaccine that comes in is basically going right out the door. We take as much as we possibly can and move it as fast as we possibly can. So when you're specific, it's obviously going to limit your options.

Everyone, some other States -- let's just say not everyone. Most folks in the northeast are just getting what we're seeing over the past two weeks, right? We're kind of leading the charge, if you will, with Vermont. I mean, Vermont's case numbers have more than doubled their all-time high. There's a lot going on there. They're the most vaccinated State in the country and their numbers have actually doubled.

Maine, now into Massachusetts, so as it gets colder and as the cold wave, if you will, of winter starts working its way across this country -- and it typically starts in the northeast -- you're going to see much more demand hit, because they're going to see their numbers rising. Their hospitalizations are going to go up. And that's ultimately going to drive more people to say, well, I better get my booster or I better get vaccinated.

We're a bit ahead of the game, in that respect. And so, again, I think we have every -- like we said, every possible person that can be out there providing vaccine that's willing to do it is out there doing it. Where we put our potential use of the men and women of our National Guard, it could be in a variety of different areas. It's not just all going to be around the vaccination. It could be around other assistance in the hospital care facilities.

*So all million tests, antigen and PCR, have already been spoken for?*

**Governor Sununu:**

Just to be clear, about 850,000 -- there are about 900,000 in the NIH Program.

*Right.*

**Governor Sununu:**

850,000 were drawn down by individuals across the State. About 50,000 are being held, I believe, for our Regional Public Health Networks and schools. And then, the Vault Program is about another 100,000. And that...

**Commissioner Shibinette:**

Later this week.

**Governor Sununu:**

Later this week, and that primarily will go again to schools and Regional Public Health Networks, some of the areas of homeless where testing is a little more challenging.

*But was this demand greater than you thought it would be? And what does the Biden Administration...*

**Governor Sununu:**

Oh, yeah. I mean, the fact that 900,000 tests went out the door like that, holy cow in 24 hours, it shows a huge demand. People are taking it serious, a huge success. We're looking at trying to figure out how to do it again, frankly.

Yeah, I believe Amazon pays for the shipping and the tests are actually free. So we're actually trying to figure out if there's a way to supplement that somehow and keep the program going, just because it was so successful. I heard from Governor Phil Scott yesterday in Vermont. They saw what we had done. They're copying our -- they're trying to get onboard. I think they're getting their version of this program coming next.

So, again, we're leading the charge in the State. It was very successful. And if you weren't able to get a test, chances are your neighbor was, right, or somebody was. And so, we're hoping that folks will share them, make them available. I think each individual gets between four and eight actual tests for their family. So it's not just one test coming to one person. It's four to eight tests per household. And so, there will be a lot of availability of testing on the market out there, so to say. Or if you don't have one, check with your friends, neighbors, schools. It's going to be a great program. Oh, sorry. I thought...

*Governor, just as far as hospitalizations, I mean, the numbers that you showed on the graph, they're shocking to see them that high. I mean, just looking ahead, we haven't even really gone into winter yet. Just looking ahead to the upcoming months, could we see 500, 1,000? Where?*

**Governor Sununu:**

Yes.

*What's the projection?*

**Governor Sununu:**

The projection is it's going to keep going up for the next few weeks. Yeah, and it doesn't look like it's slowing down. I mean, we'd like to think that it is. And maybe it will. That would be awesome. No one wants to be more wrong than me. But we've gotten very good at predicting this.

My sense is that we're going to see this increase at least for the next couple weeks. Maybe it starts to plateau. I don't think you'll see as steep of a drop as we saw here. I think you're still going to see more of a plateau, as it remains cold. And then, maybe in the mid-January range, you're going to see the numbers start dropping similar to maybe what we saw last year.

For what it is, in terms of good news, we're not seeing the massive outbreaks. I mean, we have outbreaks in long-term care facilities, to be sure. But, even today, we had a pretty high -- over the past week-or-so, we've lost about 37 individuals. This time last year, the majority of those would have been from long-term care facilities. Now, it's a vast minority.

So in terms of managing those process, the congregate living settings where this can be really deadly, as we've unfortunately seen all across the country, I think the folks that are managing that process are doing a fantastic job. There's just a lot of folks in our community that are still unvaccinated.

We're seeing more and more individuals under the age of 60 that are unfortunately either in a hospital or succumbing to this altogether. It's not a majority, by any means, but it's a lot more than we had seen before. So those numbers are increasing, as well. And the Delta variant is just -- I can't say it enough. It is so different. I mean, I don't want to speak for Dr. Chan because he's the pro in understanding really the difference.

But when you look at the aggressiveness, its ability to break through the vaccines, and the severity of symptoms, there's no doubt that the Delta variant is very different than what we saw with the original Alpha variant back in 2020. And you have to take it just as seriously. And to Adam's question, that's why I think over the past couple weeks this data is really hitting home with a lot of folks.

The hospital crunch is really hitting home. A lot of folks know people that may be turned away from a facility, or maybe their schedule procedure in a hospital was delayed, or whatever it might be. That reality is hitting home with a lot of folks. And that, in itself, I think is driving a lot of people to say, wow, maybe I didn't think I needed the booster. I better get it. You know what? Hadn't been vaccinated, I was waiting to see my Doctor at some point down the future. I better jump onboard. Kids getting vaccinated, all of that is creating a crunch on the system here, in New Hampshire, because we're kind of on the front of it. But without a doubt, you'll see that crunch come all across the country eventually.

*Could we hear from Commissioner Shibinette on how the Strike Teams will be put to use and sort of how that's going to work?*

**Governor Sununu:**

You bet.

*That's the...*

**Commissioner Shibinette:**

So, our plan, we have three or four companies that have expressed interest in putting Strike Teams together composed of Nurses, Nursing Assistants, some Paramedicine, some EMTs. There are a handful of facilities that have already reached out and said that they would be willing to reopen admissions, open an empty unit to start taking patients out of hospitals and into their facilities, if we could help supplement their Staff.

So, we're specifically going to be looking at those facilities where we could open up an entire unit to start readmitting into those facilities. So instead of looking at it as we're going to send one or two people to 20 different facilities, I think it's more likely that we will send 8 to 10 people to 1 facility so we could open up a wing.

*And so, how many Teams and how many -- I guess you talk about that making sure that you can open the backdoor to the hospital by doing these beds.*

**Commissioner Shibinette:**

Yeah.

*How many hospital beds do you think you can free up from the Strike Teams?*

**Commissioner Shibinette:**

I estimated. Let me see what my estimates were. I estimated between 30 and 50. So, 30 assisted living, we're hoping for, like, the Medicaid-pending, the different clause of the Emergency Order, but moving some Medicaid-pending people to assisted living and nursing homes. Over the next four months, we're looking at 30 to 50 there.

We're hoping the rehab centers will be able to open up some beds and get paid their rate to take a long-term care resident. And we're hoping -- or we set a goal of 30 there. 8 Strike Teams to open up at least two sizable units in facilities, different parts of the State -- maybe one in the southern part and one in the middle of the State -- that are willing to take patients from all of the hospitals that are housing long-term care residents right now.

*And where are the Workers coming from? Are they going to be essentially existing Workers who are paid a higher wage to join the Strike Team? How does it work?*

**Commissioner Shibinette:**

We're actually hoping to get them from out-of-state.

Okay.

**Commissioner Shibinette:**

Yeah, we don't want to take people from current Healthcare Providers and put them on a Strike Team. Some of the companies that we're working with are National Providers and they have access to staffing all across the country. So we're hoping to get them from out-of-state.

*And can you tell us really quickly? I guess, do you have a sense of what's the farthest away a COVID-19 patient from New Hampshire is being sent, hospital-wise? We're hearing they might be sent to Albany. They might be sent to -- do you have a sense of where?*

**Commissioner Shibinette:**

I've heard Albany. I've heard Connecticut. We definitely have hospitals that are shipping around New England on a pretty regular basis right now due to their capacity issues, for sure.

*And Governor, a follow-up on that one.*

**Governor Sununu:**

Sure.

*That's not a great situation, obviously, if your loved one is -- if you're from New Hampshire and your loved one is in Connecticut in a hospital. But what do you say to those families that are stuck in that situation right now, with a hospitalization that's hundreds of miles away?*

**Governor Sununu:**

Yeah, look. It's a very tough situation. It's not just a New Hampshire situation. It's unfortunately all across New England. We're hearing similar stories. The good news is that it is a team effort that we are finding hospitals and finding places to place these individuals, to get them the care that they need, to make sure that those facilities do have the resources. We're not just dropping them on doorsteps. We're making sure that those hospital partnerships are good and viable.

Obviously the closer we can keep people to their family, the better. There's no doubt about that. But all of the northeast is feeling this crunch. And unfortunately probably just going to keep getting worse. And so, we want folks to take -- can you put that graph back up? Let's not take that off. And I really mean this seriously.

This is our reality. It's tough. New Hampshire's done a phenomenal job managing through this pandemic. But this is the reality we've been talking about for the last six months. People have to take it very seriously.

I think they are, with the high demand of vaccines. But this is hospitalization. Or this is -- yeah, this is hospitalization. What usually follows this, unfortunately, is the fatality rate, right? The fatality rate usually lags behind this, if you will, or in front of it, if you're looking at it from a graph perspective, by



about 10 days to two weeks. So even when our hospitalizations peak out, we still have a long way to go. And you still have a lot of individuals that are giving everything they can.

It's a workforce issue. That's another huge aspects of this that we weren't dealing with as severely last January. The workforce issue in terms of hospitalizations is really, really tough. A lot of folks, for a variety of reasons, whether they've just been burnt out, whether they've just chosen different career paths, or whatever it might be, it's creating a crunch on the whole system. But that, again, is all across New England and ultimately will hit the rest of the country.

There are parts of the country right now, like Florida and Mississippi, they're seeing a drastic drop in all their numbers, obviously, because it's warm. It's 75°. You can be outside. You can be out in fresh air. Your immune systems are a little bit stronger. They're not dealing with the severe weather of winter that we are here.

That's nothing that we can change. But we predicted it. We foresaw it. And we're doing things like providing the vaccine at an expedited rate, providing testing at an expedited rate, allowing people to get tested right in their homes. I think that home-testing thing is going to be huge. Just finding out you're positive 24 to 48 hours ahead of maybe where you typically would can really prevent the transmission, whether it's for your child or for coming accidentally back into the workplace thinking you didn't have COVID. You come back to the workplace. You spread it to two other people, before you find out.

Time is everything. And that's when we talk about the Emergency Orders we're doing and why we're asking the Fiscal Committee and Executive Council to really be part of the solution of allowing the Commissioner and the Department to work, in terms of hours, to be able to respond hour-to-hour, not day-to-day, week-to-week, or month-to-month like we typically -- our system is designed to do with checks-and-balances. This is an emergency situation. And we just need to move forward. Couple on the phone?

***Holly Ramer with The Associated Press:***

*Hi, thank you. The Dashboard shows that, since the start of the pandemic, just over 6,500 Healthcare Workers have been infected. Can anyone give a sense of how often that's happening these days and what kind of effect that's having on the workforce challenges?*

**Governor Sununu:**

Well, I don't think we have any specific numbers, Holly, other than to say I believe our healthcare workforce is vaccinated somewhere in the 85% to 90% range. Breakthrough cases are a little more common now than they were before.

So, again, I think it's one of the most vaccinated populations you're going to find in the State, which means it's one of the most protected. And they have some of the best access to the tools and resources that they may need, if those symptoms were to become more serious. But still around 85%, 90% of healthcare workforce is vaccinated and breakthroughs are higher. But I don't think we have any specific numbers, unfortunately, on that.

**Nancy West with InDepthNH:**

*Good afternoon, Governor. I know you've taken a number of actions, including the lawsuit so Healthcare Workers won't be mandated to be vaccinated. But what actions have you taken that could actually reduce the spread of the virus? And my second question is: have you gotten your booster shot yet? And will you have your children vaccinated? And my last question is: couldn't it be more dangerous in the long run to have unvaccinated Healthcare Workers on the job, possibly spreading the virus to medically compromised nursing home residents and hospital patients? Thank you for taking my questions.*

**Governor Sununu:**

Sure; so, I'll get to the actions, because that's the bigger part of the question in a minute. I'm getting my booster as part of the Booster Blitz, to help promote the Booster Blitz. So, I'll be out there on December 11th getting my booster shot then. I will not discuss any of the medical situations of my wife or family, or anything like that. That has never changed.

In terms of your question of, isn't it better to have someone -- isn't it more dangerous to have someone unvaccinated in a healthcare situation? No. I completely disagree with that, because when you look at the idea that nursing homes are about to close, we don't want anyone to be unvaccinated. Don't misunderstand me.

But, if the choice is having an unvaccinated Nurse treat a vaccinated patient, or no Nurse treat a vaccinated patient, I want someone there with their loved one, because there is so much care and demand on those services that are required in a nursing home or a long-term care facility, or whatever it might be. We want everyone to be vaccinated.

But at the end of the day, to lose healthcare workforce is a much worse situation. And to potentially have closure of nursing homes is a much worse situation. That means nobody's there to provide care, never mind the risks of somebody being unvaccinated.

So, no, of course, you want -- and that's one of the reasons why I wish -- whether it was the Federal Delegation or other folks -- had really kind of listened to the pleas early on, when the idea of this Healthcare Mandate from the Government was coming down. If a healthcare facility wants to impose their Mandate, they're absolutely willing to do that. That's a private facility. They have every right to do that. That's between them and their Staff.

But to have the Government come in on top of that and force it, without really appreciating the idea that nursing homes could very well close, was, I think, very, very shortsighted. And not enough folks are willing to, I think, to hear those pleas from those organizations. We were, and that's why we went after the lawsuit so aggressively. And I'm happy that there's an Injunction there.

The end of the day, we need workforce. We need Staff. We need care for our loved ones. And to have nobody there for our loved ones is a lot worse than somebody that would potentially be unvaccinated.

Your question of what actions have we taken to slow the spread of the virus, I could stand here for two hours and give you a 18-month review of everything that we have done to slow the spread of the virus, everything from -- let's just talk about today. I'll reiterate it again.

A million home-testing kits coming into the State, so people can identify it in the comfort of their own home a lot faster than they've been able to do, without having to wait in lines and get appointments. Just a few weeks ago, it would take so long to get an appointment just to get a test. And between our

State sites and this home-testing program, that will be absolutely huge in allowing folks to identify and slow the spread of the virus.

Making sure that, again, we're doing things like our Booster Blitz, trying to increase the access and capacity that we have, not just for the amount of vaccine coming in, but the access that people have to it by making sure it's spread all across the State, not just in a couple key areas, but really all across the State in over a dozen areas that we're going to have on December 11th; making sure that that type of program can be up-and-running, viable. Hopefully we can do it again down the road.

Look, I could go on all day about the things that we've done in terms of helping to slow the virus, with Dr. Chan, with Commissioner Shibinette, with what we've done in long-term care facilities. Everything from bringing in PPE to the State, early on, when that was one of the few tools that we really had to prevent the spread, we were one of the best -- I would say the best in the country in terms of bringing PPE and making sure that folks had the personal protections that they needed to drive that home. So, I could go on all day. But we will just leave it there.

***Damien Fisher with NH Journal:***

*Thank you. COVID question and a non-COVID question; first, given the state of the surge driven by the winter weather, and last year school's went remote starting around Thanksgiving, are schools going to go remote after Christmas? Or are we going to see kids staying at home for the winter?*

**Governor Sununu:**

Oh, yeah. And then, was there a second question? I'm just writing them down.

***Damien Fisher with NH Journal:***

*Yeah, sorry. Second question: the Supreme Court is hearing arguments tomorrow in the Dobbs case, the Mississippi Abortion Ban at 15 weeks. It could potentially overturn Roe v. Wade. If that happens, what would you do to protect abortion rights in New Hampshire?*

**Governor Sununu:**

Okay. So let's start with the -- those are two very different questions. Let's start with -- so, right now, kids -- the law and the rules say, and the opportunity, in terms of what we've been able to provide for schools in terms of funding to keep kids safe, different mitigation measures that schools have undertaken over the past year, kids really need to be in school. They want to be in school. That's the best place for their education.

If there are extreme circumstances -- and we've had one or maybe two in the State where there's an outbreak of COVID in the Staff. They can't come in. Basically, if the kids are in any sort of situation of safety, then, of course, the school has the opportunity to go remote, if they really have to. But that's really a last resort.

There's a lot of mitigation measures and a lot of opportunities that we've provided schools to make sure that they can keep kids in school, keep them in school safely, keep them protected, and, again, whether it's allowing them to have more tests directly out of the school or just providing some of the resources and funds so that they can -- some of the materials and things like that that they can have in the school to keep it a clean, safe environment. Schools have done very, very well with that.

So, no, there's no plan for schools to go remote after Christmas or anything like that. It's really on a case-by-case basis. And going remote, because it can be so detrimental in other areas around the education of a child and the welfare of a child in many cases, given some of the situations that we've discovered over the past summer, whether it's mental health and socialization, all that kind of good stuff. We really want kids to be in schools, except for those extreme cases.

In terms of this Dobbs case down in Washington, that is not an overturn of Roe v. Wade. It has to do with viability and all this kind of other stuff. So, no, I mean, I'm not really paying attention to that case. And so, I mean, we will see where it goes. But that case does not decide Roe v. Wade.

**Alli Fam with NHPR:**

*Hey, Governor. I have three questions today. First one, just logistics on the Booster Blitz. Could you just clarify if walk-ins will be available? And then, second question is Regional Public Health Networks across New Hampshire coordinated dozens of equity vaccine clinics kind of early on to target populations who were especially vulnerable to the effects of COVID-19. I'm wondering if those efforts are continuing at all for boosters and kids' vaccinations. And then, my last one is on the new testing program, which is obviously very popular. But it was exhausted by folks on the first day. Seems possible a lot of people who maybe didn't have the time or were just working a long day didn't get to order one. And so, is there a plan to get this opportunity specifically for people who maybe missed out on it yesterday?*

**Governor Sununu:**

Sure; so, I'll take those in order, if you don't mind. The Booster Blitz Program that will be operating on December 11th is schedule only. It is not for walk-ins. It is scheduling only. You have to go to our website and schedule. There's multiple sites all across the State. And so, each site is -- we want to make sure we maximize the use of the vaccine in each of those sites. So you just go online and you can schedule your appointment there. But that is a schedule only program.

In terms of the equity clinics, very successful across the State. And yes, they are continuing for boosters, for kids, school clinics, all of those sorts of things. Those opportunities continue in typically more underserved areas for healthcare. And then, this NIH Program that we were so successful with, with the home test kits, about 900,000 kits were accounted for in about the first day.

We've already contacted NIH. We're looking at trying to do that program again. It's really through them. And so, we're working out some of the logistics of how that might happen. I know they're trying to expand the program to other States. But, yes, we are absolutely trying to work with them to expand the opportunity of that program.

It's really a Federal Program. We were kind of the gateway to it. But it was very successful, and we'd like to create that opportunity once again for individuals and citizens who might not have been able to get at it.

But, look, at 800,000, 900,000 tests flooding into the State over the next couple days, there's going to be a lot out there. Like I said, if you didn't get into the program the first time, knock on your neighbor's door. Chances are they may have, and they probably have a bunch of tests in the medicine cabinet in the next couple days. But, yeah, we will keep on working on expanding it. Great. Yeah.

*I have a question.*

**Governor Sununu:**

Hi, how are you?

*Can you say anything more about what action you'll ask the Fiscal Committee and Executive Council to take?*

**Governor Sununu:**

Sure, a couple things. So there's about \$20 million-or-so of direct funding that we're asking them to put forward to help with the expansion of hospital capacity. It comes in a variety of different areas. There's another \$40 million, I think, of FEMA money, about \$43 million. I'm looking at the team over there to make sure I get the numbers out of my head right -- of FEMA money that will be coming in, as well. That's a bit separate than this first \$20 million tranche.

That does everything from providing funds for the Strike Teams. Those Strike Teams could be \$200 to \$300 an hour for an individual to bring them from across the country to provide opportunities here. It helps provide those Medicaid payments and those assurances of the Medicaid payments, so folks that typically aren't taking those individuals just yet can take those individuals with the assurance of payment, things of that nature. I don't know if the Commissioner wants to go over any more specifics. And Executive Council kind of follows onto that, right?

The other big issue is the issue of unincumbered payments, making sure that the Commissioner can move very quickly with some of the funds that maybe we've allocated but maybe not spent. She can reallocate those funds on a moment's notice to get things where they need to be very, very quickly, similar to what we were able to do under the State of Emergency. We're not doing a State of Emergency, but similar to what we're able to do there, allowing our teams to be able to move so quickly. That nimbleness is what's really needed when you see numbers skyrocket like this. Great.

*But are you asking for the Commissioner permission to spend all these monies coming in before the Council and the Fiscal Committee acts? Or you want them to come in and approve these?*

**Governor Sununu:**

No, we're bringing it -- yeah, we're going to bring it to the Fiscal Committee next Thursday, I believe, or this Thursday.

**Commissioner Shibiante:**

This Thursday.



**Governor Sununu:**

Like, what's today, Tuesday? Sorry. It's all a blur sometimes. Thursday, we will bring it to the Fiscal Committee. And then, we will try to get the items in that we can, even if they have to come in as late items to the Council. And again, my letters to the Council and the Fiscal Committee were just saying, hey, this thing is real serious. We just have to be able to move fast. We just want them to take that under consideration and, again, allow them to ask any preliminary questions that they want to make sure that we're being super transparent about the process.

But, speed is really of the issue. And we just want folks to understand our situation today is very different than it was just a month ago. And we just have to have not just the resources but the tools, and the flexibility to move like we're looking for.

We're also making a lot of adjustments in terms of licensing, clearing out that licensing backlog, everything from how we're looking at -- we haven't finalized it yet, but looking at how we deal with the background checks and all those sorts of things to make sure that people can just -- that want to be part of our system can be part of our system. And we're getting them onto the floors of the hospitals as fast as we possibly can. Sorry, I know I went really fast for David. I apologize. Yeah.

*Well, best-case scenario, the Strike Teams are operational when?*

**Governor Sununu:**

Probably in a few weeks.

**Commissioner Shibiinette:**

Huh-uh (no).

**Governor Sununu:**

No. Maybe that was wishful thinking.

**Commissioner Shibiinette:**

So, the Strike Teams, we are going to have to go to Fiscal and G&C. And then, we're going to have to take Contracts and go back to Fiscal and G&C with the Contracts for those Strike Teams for the individual companies. So, I think we're looking at several weeks before we can get there.

*And Governor, I know you were kind of in extemporaneous mode there, when you were talking about the reasons why so many people are going to get vaccines right now. But, just to be clear, are we seeing the rate increase at all right now?*

**Governor Sununu:**

Yeah.

*Or is it still steady, in terms of -- when you were saying why there are so many asking for them...*

**Governor Sununu:**

Oh, the rate of overall, of people getting vaccinated?

*Yeah, I mean...*

**Governor Sununu:**

It's still trickling up. Yeah, it's -- I don't think for new vaccinations, is that what you're referring to?

*Right, yeah.*

**Governor Sununu:**

I think that's still trickling up. I don't know if we have any data to indicate it's skyrocketing or anything. The information's out there. People know what they're dealing with. And now, hopefully they're taking a second look, we hope. But I think the folks who have been vaccinated are appreciating the value and the viability of the booster, especially with this very unknown Omicron variant.

So, great. All right, well, sign up. Get your boosters on Booster Blitz day. If we can expand the home test kit program, we're absolutely going to look to do that. But, again, unfortunately, these are the realities that we knew were coming.

We've kind of planned and managed. And we have the ability to put a lot of resources to bear very, very quickly. But this is a very real number. And we want folks to take it seriously. And whatever you can do to be part of that solution, in terms of getting yourself and your family vaccinated and protecting the community, every little bit makes a difference. There's no doubt about that. Thank you, guys.